

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

10/518868

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3			/				53						
4				/			54						
5					/		55						
6						/	56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16	/		/				66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27		0					77						
28		0					78						
29		0					79						
30		0					80						
31		0					81						
32		0					82						
33		0					83						
34		0					84						
35	/		/				85						
36							86						
37	/		/				87						
38	/		/				88						
39							89						
40							90						
41	/		/				91						
42	/		/				92						
43	/		/				93						
44	/		/				94						
45							95						
46	/		/				96						
47	/		/				97						
48							98						
49							99						
50	/		/				100						
TOTAL IND.		↓	7	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			24				TOTAL CLAIMS						

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